Docket No.: 118638		Docket	No.:	118638	
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## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(if plural inver	ntors are named below) of the	subject matter which is claimed and fo	r which a patent is sought on the i	nvention entitled:
F	PRESENTATION D	EVICE		
described and	claimed in the specification:			
Check one				
· *a.	attached hereto.			
b.	filed on	as Application No	and amended on	_ (if applicable).
amended by a I ac 37, Code of Fe	ny amendment referred to abore knowledge the duty to discloss ederal Regulations, §1.56.	e to the Office all information known	to me to be material to patentabili	ity as defined in Title
		the priority benefits of the following his application are hereby claimed:	foreign application(s) and/or Unit	ed States provisional
			00 005050 513.3	- T-1

Japanese Patent Application No.2003-035052 filed on Feburary 13,2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

		nichi		YOKOYAMA
		Given Name	Middle Initial	Family Name
		February	5	2004
Residence:	Sa	Month itama	Day Saitama	Year Japan
Citizenship:	Japanese	lity	State or Province	Country
	Post Office Address: (Insert complete	c/o FUJI PHOTO (	OPTICAL CO., LTD.,	
	mailing address, including country)	324, Uetakecho 1-chome, Kita-ku, Saitama-shi, Saitama 331-9624 Jaj		

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

I	Typewritten Full No of Second Joint Inv		Mitsuyoshi		NISHIMURA	
	9 2000		Given Name	Middle Initial	Family Name	
2	**Inventor's Signate	ıre:	Mitsuyoshi	Nishimura	·	
3	**Date of Signature	:	February	5	2004	
			Month	Day	Year	
	Residence:	Saita	ıma	Saitama	<u> Japan</u>	
	Citizenship:	City Japanese		State or Province	Country	
	Post Office Address: (Insert complete		c/o FUJI PHOTO OPTICAL CO., LTD.,			
		mailing address, including country)	324, Uetakecho 1-ch	ome, Kita-ku, Saitama-s	shi, Saitama 331-9624 Jap	
1	Typewritten Full No of Third Joint Inves					
٠			Given Name	Middle Initial	Family Name	
2	**Inventor's Signate	ıre:				
3	**Date of Signature	:				
		Month	····-	Day	Year	
	Residence:			•		
		City		State or Province	Country	
	Citizenship:	City		State of 1704mee	Country	
		Post Office Address:				
		(Insert complete				
		mailing address, including country)				
1	Typewritten Full No	-				
•	of Fourth Joint Inv					
			Given Name	Middle Initial	Family Name	
2	**Inventor's Signatu	ıre:	Olven Name	whodie initial	rainly Name	
3	**Date of Signature	:			• • • • • • • • • • • • • • • • • • • •	
	J. 2	·	Month	Day	Year	
	Residence:					
		City		State or Province	Country	
	Citizenship:					
		Post Office Address:	• •			
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		mailing address, including country)				
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l	Typewritten Full No					
	of Fifth Joint Inven	nor (ij any)	Given Name	Middle Initial	Family Name	
2	**Inventor's Signatu	ıге:	Olyen Hane			
3	**Date of Signature	:				
	· ·		Month	Day	Year	
	Residence:					
		City		State or Province	Country	
	Citizenship:					
		fice Address:				
		(Insert complete				